



Perception and Prevalence of RTIs Among Visually Impaired Women in Tamilnadu

KEYWORDS

Visually impaired women, Reproductive tract infections, symptoms

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ABSTRACT This paper assesses the visually impaired women's knowledge, perceptions towards RTIs and its symptoms and to examine prevalence of RTIs. Snow ball sampling methods was applied to choose 468 visually impaired women in the 16 selected districts of Tamilnadu during 2012-2013. Results found that though overwhelming majority of visually challenged women had knowledge about RTIs, their understanding of RTI symptoms was not adequate level. There is no statistical significance of an association between the knowledge about the symptoms of RTIs as well the prevalence of RTI and the SED factors. Of those who suffered from RTI, 78.8 percent sought treatment. Around eighty percent of respondents agreed that RTIs could be curable and 64 percent reported that RTIs can be preventable. It indicates better knowledge of the visually impaired women about curability of disease.

Worldwide, majority of persons with disabilities are marginalized, they are deprived of freedom and their human rights are violated (United Nations, 2006). They are often denied opportunity to interact with others and gain skills to prove their skills due to the discriminatory attitudes. Isolation and confinement based on culture and traditions, attitudes and prejudices often affect disabled women more than men (Cullinan J, et al., (2010). Persons with disabilities including the visually challenged people have the same sexual and reproductive health (SRH) needs as other people. Many research shows that persons with disabilities are as sexually active as persons without disabilities (Trani JF et al., 2011). In fact, persons with disabilities may actually have greater needs for SRH care than persons without disabilities due to their increased vulnerability to abuse. However they often face barriers to information and services. Sexual and reproductive health particularly deserves attention because these needs have been so widely and so deeply neglected (Schopp LH et al 2002)). Under this background, this paper made an attempt to assess the visually impaired women's knowledge, perceptions towards RTIs and its symptoms and also examine the prevalence of RTIs among the study population.

Methods:

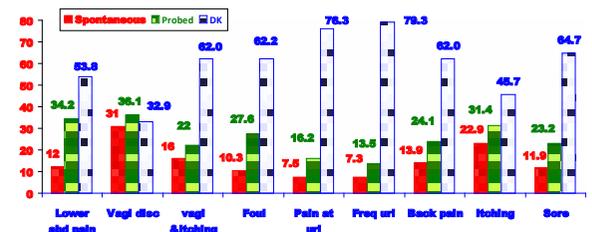
This study was conducted in the 16 selected districts of Tamilnadu during 2012-2013. The qualitative method was adopted to identify the sample districts with the support NGOs who are working in the rehabilitation services for blind people. Snow ball sampling methods was adopted to choose the study population. Totally 745 visually impaired women were identified and approached, however, 468 women accepted, co-operated and completed the interview successfully indicating an overall response rate of 62.8 percent.

Results:

Overwhelming majority of the visually impaired women (92.3percent) had knowledge about RTIs and friends (53.7percent) were the main sources of knowledge, followed by peer groups (22.7percent) and Radio (18.8 percent). In an attempt to assess the respondents' knowledge about each of RTI symptoms, their spontaneous knowledge and the knowledge after probe were obtained. Ex-

cept the two symptoms (vaginal discharge with or without fever and itching), majority of respondents do not know the symptoms of RTIs. Among those who have knowledge about the symptoms of RTIs, the proportion of respondents having knowledge after probing was high when compared to the proportion having spontaneous knowledge. It can be concluded that visually impaired women are not better aware of the RTIs symptoms.

Diagram: Percentage distribution of Visually Challenged Women by their Awareness on various RTIs symptoms



RTI symptom awareness index was developed to assess the level of knowledge of the respondents about RTI symptoms. This index is calculated as follows: $I = (X - \text{Min } I) / (\text{Max } I - \text{Min } I)$, where X – the actual score of the particular indicator obtained by a respondent Min I represent the minimum value of X and Max I refer to the maximum value of X. This index is constructed by considering nine indicators. Based on the score value obtained by the respondents, they are classified into four categories as 'No knowledge', 'Less knowledge', 'Moderate level knowledge' and 'More knowledge' about RTI symptoms. It is evident that the respondents having no knowledge about RTI symptoms constitute 44.7 percent of the total and those who were aware of RTI symptoms account for 55.3 percent, of which 22.4 percent, 13.0 percent and 19.9 percent had less, moderate and more knowledge about RTI symptoms respectively.

Association between respondents' level of awareness about RTI symptoms and SED factors: In an attempt to examine the association between respondents' age and their level of knowledge about RTI symptoms, table shows that the respondents who had no knowledge about RTI

symptoms constitute high proportion in each of the age groups, but the proportions were comparatively less in the age groups 20-24 and 25-29. The respondents with more knowledge about RTI account for comparatively less proportions in the initial reproductive age groups (less than 18 years and 18-20 years) and the counterparts. Hence, a better awareness could be observed among the respondents in 20s.

Table No1: Respondents by Level of awareness and Prevalence of RTIs symptoms with their SED characteristics

SED Characteristics	Level of awareness on RTIs symptoms				Total no. of blinds	% Prevalence of RTIs
	No	Less	Moderate	More		
Age-groups NS						
> 18 years	41.7	20.8	20.8	16.7	24	25.0
18-20	55.6	11.1	11.1	22.2	18	16.7
20-24	36.2	27.6	10.3	25.9	58	36.2
25-29	36.7	22.4	16.3	24.5	49	28.6
30-34	51.2	20.2	10.7	17.9	84	19.0
35-39	42.5	20.5	11.0	26.0	73	24.7
40-44	44.7	23.3	17.5	14.6	103	26.2
< 45 years	50.8	25.4	8.5	15.3	59	13.6
Religion NS						
Hindu	46.4	21.6	12.4	19.6	347	24.8
Muslim	38.5	38.5	15.4	7.7	13	15.4
Christian	39.8	23.1	14.8	22.2	108	23.1
Caste NS						
SC/ST	48.2	20.6	8.8	22.4	170	27.1
BC/FC	43.5	24.0	15.4	17.1	246	23.0
MBC	38.5	21.2	15.4	25.0	52	21.2
Educational status NS						
Illiterate	38.9	34.7	6.9	19.4	72	25.0
1-5 yrs	65.7	11.4	8.6	14.3	35	17.1
6-10 yrs	50.5	20.7	13.5	15.3	111	22.5
11-12 yrs	40.2	20.7	19.5	19.5	87	21.8
above 12 yrs	42.0	21.7	13.3	23.1	143	27.3
Respondents occupation NS						
Private sector	46.8	23.4	17.0	12.8	47	12.8
Public sector	44.4	25.9	7.4	22.2	27	22.2
Self employed	46.2	23.1	12.6	18.2	143	25.2
Not working / Dependent	45.1	22.5	12.6	19.8	182	24.6
Students	39.1	18.8	14.5	27.5	69	31.9
Family Income NS						
1000-2000	46.7	25.0	10.0	18.3	60	20.0
2001-4000	53.3	22.1	11.5	13.1	122	20.5
4001-6000	36.3	21.0	16.9	25.8	124	32.3
6001-8000	29.7	27.0	16.2	27.0	37	13.5
Above 8000	46.7	22.2	11.1	20.0	90	25.6
Marital status NS						
Unmarried	46.0	23.0	11.2	19.9	161	24.8
Married	44.0	22.1	14.0	19.9	307	23.8

***refers to significant at 1 level (chi-square results – SED and Level of awareness/prevalence on RTIs symptoms) NS – Not significant

With regard to religion, Hindus who had unawareness about RTI symptoms constitute comparatively high proportion (46.4percent) than the other religious women. Muslims form relatively high proportion in the less awareness level category. The cases with high level awareness account for high proportion (22.2percent) among Christians followed by Hindus (19.6 percent) and Muslims (7.7percent). It seems that there was no greater differential among the religious groups regarding the level of knowledge about RTI. The respondents who had no awareness about RTI constitute comparatively high proportion (48.2percent) in the SC/ST category. The proportions with less knowledge and moderate knowledge respectively were comparatively high in the categories of BC/FC, and MBC. It seems that there are observable differences among the caste groups with respect to the level of knowledge about RTI.

With respect to the respondents' education attainment, the respondents who had no awareness about RTI constitute high proportions in different level of school education. The proportion having less awareness was comparatively high in illiterate category (34.7percent) and the proportions having moderate awareness were comparatively less in the categories of illiterates (6.9 percent) and primary school level (8.6 percent). It seems that there is no exactly meaningful trend in the level of awareness about RTI with each of the background variables.

In examining the influence of the respondents' occupational status on their level of awareness about RTIs, table shows that the proportions of students were comparatively less in "No awareness category" and relatively high in "More awareness category" respectively. This observation was closely followed in case of the respondents employed in public sector. The proportion of non-working was almost equal to the proportion of employed in public sector regarding no awareness issue and the proportion of non-working was greater than the proportion of employed in public sector in case of more awareness level. There is no systematic trend of relationship between the two factors. With respect to less knowledge and moderate awareness, there is no any systematic trend of increase in proportion with increasing the level of income of the respondents. It seems that the fluctuating trend of proportions in each of levels of awareness about RTIs is less likely to understand a strong association between the two factors. In an attempt to examine the role of the respondents' marital status in the level of awareness about RTI, table reveals that the respondents who had no awareness constitute slightly high proportion by 2 percent in unmarried category when compared to married category (46percent and 44percent respectively). The proportions of respective marital status categories in each of the levels of awareness were almost same indicating no systematic trend with marital status of the respondents.

In accordance with this observation, the bi-variate analysis has established an insignificance of an association between the respondents' SED status and their levels of awareness about RTI.

Prevalence of RTIs: About one-fourth of the respondents suffered from RTIs during 3 months prior to survey. The major problem reported by the respondents was Vaginal Discharge (84.1percent), followed by low backache (64.6percent), Itching or Irritation over Vulva (44.2 percent), Pain on urination or defecation (9.7percent). Though the proportions of respondents who suffered from RTIs were comparatively high in 20s, there is a lack of consolidated

base to find the linkage between respondents' SED factors and the prevalence of RTI. Chi-square result also confirms no significant association between the two. The proportion being affected by RTI was comparatively high in Hindu category (24.8percent), but there was less likely to hypothesize an existence of the relationship between the respondents' religion and the prevalence of RTI in the study area. Data show lack of support to establish a linkage between respondents' caste and their RTI experience. The observation is almost same with regard to the analysis of the relationship between the respondents' education attainment and the prevalence of RTI. Majority in each of the occupation categories reported no incidence of RTI, interestingly the proportion of students who suffered from RTI was comparatively high (32percent), but there is a lack of data support to establish the linkage between occupation and the prevalence of RTI which had also been proved statistically. Similar observation could also be obtained with respect to analysis between respondents' income and the prevalence of RTI. The proportions of respondents who reported an incidence of RTI were almost same between the two marital status categories indicating no significant relationship. It is also observed that no background factor has exercised a strong influence on the prevalence of RTIs to the respondents of the study.

With regard to their understanding on curability and preventability of RTIs, about eighty percent of respondents agreed that RTIs can be curable and 64 percent expressed that RTIs could be preventable. Therefore, the proportion favouring curability of disease was comparatively high indicating better knowledge of the respondents about curability of disease when compared to the proportion agreeing preventability of diseases. Therefore, it is a need for improving the knowledge about preventability of RTIs.

Conclusion:

As like other segment of population, the socio-economic and demographic characteristics' of visually impaired women did not played any significant impact on their understanding of RTIs indicating that they are facing double jeopardy. Their needs have been so widely and so deeply neglected, because of their visual disability condition and being women. It is recommended that increase and expand research should be carried out on SRH issues among visually impairment population and to improve coordination between partnerships and stakeholders at national and international levels for better SRH practices among blinds.

REFERENCE

- United Nations. (2006). Convention on the Rights of Persons with Disabilities. Geneva, United Nations. | Trani JF, Browne J, Kett M, Bah O, Morlai T, Bailey N and Groce N. (2011). Access to health care, reproductive health and disability: a large scale survey in Sierra Leone, Soc Sci Med., Vol.73(10):1477-89. | Schopp LH, Sanford TC, Hagglund KJ, Gay JW and Coatney MA. (2002). Removing service barriers for women with physical disabilities: promoting accessibility in the gynecologic care setting, J Midwifery Women's Health, Vol.47(2):74-79. | Cullinan J, Gannon B and Lyons, S. (2010). "Estimating the Extra Cost of Living for People with Disabilities." Health Economics. <http://www.interscience.wiley.com>. accessed 11 May 2014. |